

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of San
District of Miami
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. _____
Local Registrar No. _____

No. 368 Puerto Rico Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Justino Aguilera (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other born 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Feb. 15 1925
Month Day Year

8. FATHER
Full name Feliciano Aguilera

9. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Esmeralda Marcus

15. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 45 a.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature E. J. Jotel (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed March 10, 1925 Wilson & Brighton Local Registrar.

Registrar _____ County Registrar.

611-215-742